



22912 U.S. PTO

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

PATENT  
Atty. Dkt.: WEAT/0535

MAIL STOP PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 CFR 1.10

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited on December 29, 2003, with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing label No. EV335471860US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

December 30, 2003

  
Signature

**Re:Inventor(s):** ROBERT COON; KHAI TRAN, TONY FLORES, and CHARLES WINTILL

**Title: SEAL STACK FOR SLIDING SLEEVE**

Transmitted herewith is the patent application identified above, including:

- |                                     |   |                       |
|-------------------------------------|---|-----------------------|
| <input checked="" type="checkbox"/> | Specification, claims and abstract  | <u>18</u> Total Pages |
| <input checked="" type="checkbox"/> | Drawings <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal | <u>4</u> Total Pages  |
| <input checked="" type="checkbox"/> | Declaration and Power of Attorney (Unsigned)  |                       |
| <input type="checkbox"/>            | Information Disclosure Statement with List  |                       |
| <input type="checkbox"/>            | Assignment of the Invention to  |                       |
| <input type="checkbox"/>            | Assignment Recordation Cover Sheet  |                       |

## **FEE CALCULATION**

	NUMBER OF CLAIMS FILED	LESS NUMBER PAID BY BASIC FEE	NUMBER OF EXTRA CLAIMS (Not less than zero)	ENTITY FEE
Basic Fee				\$ .00
Total Claims	22	- 20 = 2	X \$ =	\$ .00
Independent Claims	5	- 3 = 2	X \$ =	\$ .00
First Presentation of Multiple Dependent Claims		+ \$ .00		-0-
		Total Filing Fee Calculation		\$ .00

- The Commissioner is hereby authorized to charge \$ \_\_\_\_\_ to Deposit Account No. A  
**duplicate copy of this transmittal is enclosed.**

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. **A duplicate copy of this transmittal is enclosed.**

Please address all future correspondence to:

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